FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

JUN 1 7 2002

OMB Number: 3235-0076 Expires: November 30, 2001 Estimated average burden hours per response16.00

OMB APPROVAL



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, 152 SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

SEC USE	ONLY
Prefix	Serial
DATE REC	EIVED

Name of Offering (check if this is an a	amendment and name has changed, and indica	ite change.)	
Series C Preferred Stock; Common Stock	k issuable upon conversion thereof		
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☐ Rule 506 ☐	Section 4(6) ULOE	
Type of Filing: New Filing Amer		· · · · · ·	
	A. BASIC IDENTIFICATION I	DATA	
1. Enter the information requested about th	e issuer		
Name of Issuer (check if this is an am	endment and name has changed, and indicate	change.)	
netVmg, Inc.	•		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)	_
1020 Rincon Circle, San Jose, CA 95131		(408) 468-0411	
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)	
(if different from Executive Offices) Same		Same	
Brief Description of Business			_
Internet Technology			
Type of Business Organization			_
orporation	limited partnership, already formed	other (please specify PROCESSEI	0
business trust	limited partnership, to be formed	1100200	_
	Month Year	_ 111 1 2 2002	
Actual or Estimated Date of Incorporation	or Organization: 0 4 0 0	☑ Actual ☐ Estimated	
•	on: (Enter two-letter U.S. Postal Service abbre		
	CN for Canada; FN for other foreign juri		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

2. Enter the information requested for the	following:				
• Each promoter of the issuer, if the	issuer has been organized	within the past five years			
Each beneficial owner having the p	ower to vote or dispose, o	r direct the vote or dispos	sition of, 10% or	more of a class of equity securit	ties
of the issuer;	of company inquery and a	of comparets consued and m		a of mouto orghin ion	
 Each executive officer and director Each general and managing partner 	<u>-</u>	n corporate general and n	nanaging parmer	s of partnership issuers, and	
				General and/or	
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	☐ Director	Managing Partner	
Full Name (Last name first, if individual)				ivianaging i artifet	
Accel VIII L.P.					
Business or Residence Address (Number a	and Street, City, State, Zip	Code)			
c/o Accel Partners, 428 University Avenue		,			
Check Box(es) that Apply: Promoter	⊠ Beneficial Owner	Executive Officer	Director	General and/or	
			The same of the sa	Managing Partner	
Full Name (Last name first, if individual)		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
Blackboard Ventures Inc.					
Business or Residence Address (Number a	and Street, City, State, Zip	Code)			
Ontario Teachers' Pension Plan Board, 5	650 Yonge Street, Groun	d Floor, Toronto, Ontai	rio, Canada M2	2M 4H5	
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or	
				Managing Partner	
Full Name (Last name first, if individual)					
Duff Ackerman & Goodrich II, QP Fund,					
Business or Residence Address (Number a	• • • •	•			
c/o Duff Ackerman & Goodrich, Two Em	barcadero Center, Suite	2300, San Francisco, Ca	A 94111		
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	General and/or	
				Managing Partner	- V-
Full Name (Last name first, if individual)	(1)			S. Tagan S. Tagan S. Tagan	1.27
Goodrich, Tom					
Business or Residence Address (Number a Duff Ackerman & Goodrich, Two Embar	(3) (3)		4111		
		<u> </u>	<u> </u>		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner	
Full Name (Last name first, if individual)	· · · · · · · · · · · · · · · · · · ·			ivialiaging i artifer	
Hannan, Victor Alan					
Business or Residence Address (Number a	and Street City State Zin	Code)			
c/o netVmg, Inc., 1020 Rincon Circle, San	•	0000)			
Check Box(es) that Apply: Promoter	⊠ Beneficial Owner	Executive Officer	Director	General and/or	
				Managing Partner	
Full Name (Last name first, if individual)					
Johnson, Jeremy T.					
Business or Residence Address (Number a	and Street, City, State, Zip	Code)			
netVmg, Inc., 1020 Rincon Circle, San Jos	se, CA 95131		The second secon		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or	
	·····		·	Managing Partner	
Full Name (Last name first, if individual)					
McManus, James T.					
Business or Residence Address (Number a		*			
McManus Capital LLC, 2979 Westhurst I			·		
(Use blan	ik sheet, or copy and use a	dditional copies of this sh	ieet, as necessary	<i>(</i> .)	

A. BASIC IDENTIFICATION DATA

2 of 9

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ☐ Director Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Reilly, Timothy J. Business or Residence Address (Number and Street, City, State, Zip Code) netVmg, Inc., 1020 Rincon Circle, San Jose, CA 95131 ☐ Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Roblin, Robert A. Business or Residence Address (Number and Street, City, State, Zip Code) c/o netVmg, Inc., 1020 Rincon Circle, San Jose, CA 95131 Check Box(es) that Apply: Promoter Beneficial Owner □ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Sequeira, Allwyn Business or Residence Address (Number and Street, City, State, Zip Code) netVmg, Inc., 1020 Rincon Circle, San Jose, CA 95131 General and/or Check Box(es) that Apply: Promoter □ Beneficial Owner □ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Wagner, J. Peter Business or Residence Address (Number and Street, City, State, Zip Code) Accel Partners, 428 University Avenue, Palo Alto, California 94301 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual). Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ⊠ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		*:		В. П	NFORMAT	TION ABO	UT OFFE	RING				
									<u></u>		Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							\boxtimes					
					Appendix, C		-					
2. What is	the minim	ım investm	ent that wil	l be accepte	ed from any	individual?	·				\$ <u>1.09</u>	
											Yes	No
3. Does th	ie offering p	ermit joint	ownership	of a single	unit?					•••••	\boxtimes	
4. Enter t	he informat	tion reques	ted for eacl	h person w	ho has bee	n or will b	e paid or	given, direc	tly or indi	rectly, any	/	
commis	ssion or sim	ilar remune	ration for s	olicitation o	of purchaser	s in connec	tion with sa	les of secur	ities in the	offering. I	f	
					of a broker							
					e than five (or that broke			are associa	ited person	s of such	a	
	(Last name			Offication 1	or that broke	or dealer	Only.					·
1 dii ivanic	(Last Harrie	inst, it ind	ividuai)									
Business o	r Residence	Address (1	Number and	Street, City	y, State, Zip	Code)						
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Name of A	ssociated b	TOKET OF DE	aici									
States in W	Thich Person	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers						
(Check "A	All States" o	or check inc	lividual Stat	tes)		***************************************						☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RJ]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)	-			· <u>-</u>					
Business of	r Residence	Address ()	Number and	Street, City	y, State, Zip	Code)		j	· , · · · ·			
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Name of A	ssociated B	roker or De	ealer									
States in W	/hich Person	n Listed Ha	s Solicited o	or Intends t	o Solicit Pu	rchasers						
							,					☐ All States
`[AL]	[AK]	[AZ]	[AR]	CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[RJ]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first if ind	ividual)									-
T dir T diric	(Dast Harrie	, , , , , , , , , , , , , , , , , , ,									,	•
Business o	r Residence	Address (N	Number and	Street, City	y, State, Zip	Code)						
Name of A	ssociated B	roker or De	aler									
Name of A	.ssociated D	TOKET OF DE	aici									
							 					
					o Solicit Pu							
*				•			r~	r	F=== -			All States
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[MT] [RI]	[NE] [SC]	[NV] [SD]	(NH) [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
լայ	[JC]	լսսյ	[r ı a l	. [IA]	[01]	[, ,]	[۲ ۸۰]	[117]	[** *]	['' ']	[44 1]	[1, 17]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$0.00	\$0.00
	Equity	\$21,184,525.00	\$13,199,998.52
	Convertible Securities (including warrants)	\$0.00	\$0.00
	Partnership Interests	\$0.00	\$0.00
	Other (Specify)		\$0.00
	Total		\$13,199,998.52
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		<u>\$13,199,998.52</u>
	Non-accredited Investors	<u>0</u>	<u>\$0.00</u>
	Total (for filings under Rule 504 only)		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		
	Regulation A		
	Rule 504		
	Total		
١.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0.00 <u></u>
	Printing and Engraving Costs		\$0.00
	Legal Fees		\$50,000.00
	Accounting Fees		\$0.00
	Engineering Fees		\$0.00
	Sales Commissions (specify finders' fees separately)		\$0.00
	Other Expenses (identify)		\$0.00
	Total		\$50,000.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE	, NUMBER OF INVESTORS, EXPENSES AN	ID U	SE OF PROC	CEEDS		
	b. Enter the difference between the aggregate o and total expenses furnished in response to Part C proceeds to the issuer."	C - Question 4.a. This difference is the "adjusted	gros			\$13,149,99	8.52
	Indicate below the amount of the adjusted gross proof the purposes shown. If the amount for any purpose is left of the estimate. The total of the payments listed forth in response to Part C - Question 4.b above.	s not known, furnish an estimate and check the box	to th	e	•		
	Total in response to 1 at C - Question 4.8 above.			Payments Officers Directors Affiliate	s, , &	Payment Others	
	Salaries and fees			\$0.00		\$0.00	
	Purchase of real estate			\$0.00		\$0.00	
	Purchase, rental or leasing and installation of	machinery and equipment		\$0.00		<u>\$0.00</u>	
	Construction or leasing of plant buildings and	facilities		\$0.00		\$0.00	
	Acquisition of other business (including the voor offering that may be used in exchange for the	assets or securities of another					
	issuer pursuant to a merger)			<u>\$0.00</u>		\$0.00	
	Repayment of indebtedness	·		\$0.00			
	Working capital			\$0.00	\boxtimes	\$13,149,99	<u> 8.52</u>
	Other (specify):						
				\$0.00		\$0.00	
	Column Totals			\$0.00		\$13,149,99	8.52
Total Payments Listed (column totals added)					\$13,149,998		
	The state of the s	D. FEDERAL SIGNATURE	igi Kuni	121			
ig	e issuer has duly caused this notice to be signed by nature constitutes an undertaking by the issuer to formation furnished by the issuer to any non-accred	urnish to the U.S. Securities and Exchange Com	missi				4
	uer (Print or Type)	Signature Land & Heal		Date June	'3, ₂₀₀₂		
۷a	me of Signer (Print or Type)	Title of Signer (Print or Type)					
Мi	chael W. Hall	Secretary					

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)